



COMBINED DECLARATION AND POWER OF ATTORNEY

(Original, Design, National Stage of PCT, Divisional, Continuation or C-I-P Application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DETERMINATION OF A GENETIC PREDISPOSITION FOR BEHAVIORAL DISORDERS

This declaration is of the following type:

- original
- design
- national stage of PCT.
- divisional
- continuation
- continuation-in-part (C-I-P)

the specification of which: (*complete (a), (b), or (c)*)

- (a) is attached hereto.
- (b) was filed on October 31, 2003 as Application Serial No. 10/699,156.
- (c) was described and claimed in PCT International Application No. _____ filed on _____ and was amended on *(if applicable)*.

Acknowledgement of Review of Papers and Duty of Candor

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of the subject matter claimed in this application in accordance with Title 37, Code of Federal Regulations § 1.56.

- In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.98.

Priority Claim

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT International Application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT International Application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application on which priority is claimed

(complete (d) or (e))

- (d) no such applications have been filed.
- (e) such applications have been filed as follows:

PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION			
COUNTRY	APPLICATION NO.	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)
			<input checked="" type="checkbox"/> YES NO <input type="checkbox"/>
			<input checked="" type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input checked="" type="checkbox"/>
ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION			
Australia	PR4756/01	May 3, 2001	<input checked="" type="checkbox"/> YES NO <input type="checkbox"/>
Australia	PR5426/01	June 4, 2001	<input checked="" type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input checked="" type="checkbox"/>

Claim for Benefit of Prior U.S. Provisional Application(s)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

Provisional Application Number	Filing Date
60/295,811	June 4, 2001

Claim for Benefit of Earlier U.S./PCT Application(s) under 35 U.S.C. 120

(complete this part only if this is a divisional, continuation or C-I-P application)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information as defined in Title 37, Code of Federal Regulations, § 1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PCT/AU02/00556

(Application Serial No.)

3 May 2002

(Filing Date)

Published

(Status) (patented, pending, abandoned)

(Application Serial No.)

(Filing Date)

(Status) (patented, pending, abandoned)

Power of Attorney

As a named inventor, I hereby appoint Robert Neuner, Reg. No. 24,316; Richard G. Berkley, Reg. No. 25,465; Bradley B. Geist, Reg. No. 27,551; James J. Maune, Reg. No. 26,946; Henry Tang, Reg. No. 29,705; Robert C. Scheinfeld, Reg. No. 31,300; John A. Fogarty, Jr., Reg. No. 22,348; Rochelle K. Seide Reg. No. 32,300; Gary M. Butter, Reg. No. 33,841; Lisa B. Kole, Reg. No. 35,225; Carmella L. Stephens, Reg. No. 41,328; Kimberly J. McGraw, Reg. No. 50,994, and Peter J. Shen, Reg. No. 52,217, of the firm of BAKER BOTTS L.L.P., with offices at 30 Rockefeller Plaza, New York, New York 10112, as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

SEND CORRESPONDENCE TO:
BAKER BOTTS L.L.P.
30 ROCKEFELLER PLAZA, NEW YORK, N.Y. 10112
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DIRECT TELEPHONE CALLS TO:
BAKER BOTTS, L.L.P.
(212) 408-2500

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both,

under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR	LAST NAME WILLIAMSON	FIRST NAME ROBERT	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY Parkville	STATE or FOREIGN COUNTRY Australia	COUNTRY OF CITIZENSHIP Australia	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 120 Gatehouse Street	CITY Parkville	STATE or COUNTRY Victoria, Australia	POSTAL CODE 3052
DATE 14/01/04	SIGNATURE OF INVENTOR <i>Robert Williamson</i>			
FULL NAME OF SECOND JOINT INVENTOR, IF ANY	LAST NAME DAHL	FIRST NAME HANS-HENRIK	MIDDLE NAME MARSTRAND	
RESIDENCE & CITIZENSHIP	CITY Princes Hill	STATE or FOREIGN COUNTRY Australia	COUNTRY OF CITIZENSHIP Netherlands	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 604 Park Street	CITY Princes Hill	STATE or COUNTRY Victoria, Australia	POSTAL CODE 3054
DATE 15/1/2004	SIGNATURE OF INVENTOR <i>John Henrik Dahl</i>			
FULL NAME OF THIRD JOINT INVENTOR, IF ANY	LAST NAME FORREST	FIRST NAME SUSAN	MIDDLE NAME MARY	
RESIDENCE & CITIZENSHIP	CITY Kew	STATE or FOREIGN COUNTRY Australia	COUNTRY OF CITIZENSHIP Australia	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 6 Churchill Street	CITY Kew	STATE or COUNTRY Australia	POSTAL CODE 3101
DATE 19/1/04	SIGNATURE OF INVENTOR <i>Susan Forrest</i>			
FULL NAME OF FOURTH JOINT INVENTOR, IF ANY	LAST NAME WILCOX	FIRST NAME STEPHEN	MIDDLE NAME ANDREW	
RESIDENCE & CITIZENSHIP	CITY Watsonia PLENTY	STATE or FOREIGN COUNTRY Australia	COUNTRY OF CITIZENSHIP Australia	POSTAL CODE 3087 3090
POST OFFICE ADDRESS	POST OFFICE ADDRESS 18 GREVILLEA 285 Greenwood Drive GROVE	CITY PLENTY	STATE or COUNTRY Watsonia, Victoria	POSTAL CODE 3087 3090
DATE 20/1/04	SIGNATURE OF INVENTOR <i>Stephen Wilcox</i>			
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY	LAST NAME DE SILVA	FIRST NAME MICHELLE	MIDDLE NAME GINA	
RESIDENCE & CITIZENSHIP	CITY Abbotsford	STATE or FOREIGN COUNTRY Australia	COUNTRY OF CITIZENSHIP Australia	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 78 Studley Street	CITY Abbotsford, Victoria	STATE or COUNTRY Australia	POSTAL CODE 3067
DATE 23/12/03	SIGNATURE OF INVENTOR <i>Melinda</i>			

FULL NAME OF SIXTH JOINT INVENTOR, IF ANY	LAST NAME ELLIOTT	FIRST NAME KATHERINE	MIDDLE NAME SEYMOUR	
RESIDENCE & CITIZENSHIP	CITY Elwood	STATE or FOREIGN COUNTRY Australia	COUNTRY OF CITIZENSHIP United Kingdom	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 3/19 Avea Avenue <i>62, 165</i> SOUTHEY ST	CITY Elwood, Victoria	STATE or COUNTRY Australia	POSTAL CODE 3184
DATE <i>28/1/04</i>	SIGNATURE OF INVENTOR <i>KSE</i>			
FULL NAME OF SEVENTH JOINT INVENTOR, IF ANY	LAST NAME LYNCH	FIRST NAME MICHAEL	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY Sandringham	STATE or FOREIGN COUNTRY Australia	COUNTRY OF CITIZENSHIP United Kingdom	POSTAL CODE 3184
POST OFFICE ADDRESS	POST OFFICE ADDRESS 57 Duncan Street	CITY Sandringham, Victoria	STATE or COUNTRY Australia	POSTAL CODE 3191
DATE <i>6/2/04.</i>	SIGNATURE OF INVENTOR <i>michael lynch</i>			
FULL NAME OF EIGHTH JOINT INVENTOR, IF ANY	LAST NAME DELATYCKI	FIRST NAME MARTIN	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY East Hawthorn	STATE or FOREIGN COUNTRY Australia	COUNTRY OF CITIZENSHIP Australia	
POST OFFICE ADDRESS .	POST OFFICE ADDRESS 9 Auburn Grove <i>19/17-25</i> YARRA ST	CITY East Hawthorn, Victoria <i>M</i>	STATE or COUNTRY Australia	POSTAL CODE <i>3125</i> <i>3122</i>
DATE <i>14/1/04</i>	SIGNATURE OF INVENTOR <i>M</i>			

Check proper box(es) for any added page(s) forming a part of this declaration

Signature for ninth and subsequent joint inventors. Number of pages added _____.

Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added _____.

Signature for inventor who refuses to sign, or cannot be reached, by person authorized under 37 CFR 1.47. Number of pages added _____.

Applicant or Patentee: _____

Attorney's Dkt. No. _____

Serial or Patent No.: _____

Filed or Issued: _____

For: _____

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS [37 19(f) and 1.27(c)] - SMALL BUSINESS CONCERN

I hereby declare that I am

the owner of the small business concern identified below:
 an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN Murdoch Childrens Research Institute

ADDRESS OF CONCERN Royal Children's Hospital, Flemington Road, Parkville,
Victoria 3052 Australia

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled:

Determination of a genetic predisposition for behavioral disorders

by inventors Robert Williamson, Susan Mary Forrest, Stephen Andrew Wilcox,
Michelle Gina De Silva, Katherine Seymour Elliott, Michael Lynch,
Martin Delatycki, Hans-Henrik Marstrand DAHL

the specification filed herewith.
 application Serial No. 10/699,156 filed _____
 patent No. _____ issued _____

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor who could not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d); or a nonprofit organization under 37 CFR 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27)

Name _____
Address _____

Individual Small Business Concern Nonprofit Organization

Name _____
Address _____

Individual Small Business Concern Nonprofit Organization

I acknowledge the duty to file, in this application of patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. [37 CFR 1.28(b)]

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING ANNE CRONIN

TITLE OF PERSON OTHER THAN OWNER DIRECTOR - OPERATIONS

ADDRESS OF PERSON SIGNING ROYAL CHILDREN'S HOSPITAL, FLEMINGTON RD, PARKVILLE VIC 3052

SIGNATURE ANNE CRONIN

DATE X